Psychosocial Impact of Acne

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Psychosocial Impact

• Psychosocial implications
• Effect on self image and quality of life
• Anxiety and depression
• Impact of acne may be equivalent to that of asthma or epilepsy\(^1\)

Outline

• Answer 3 questions that are posed
  • Does having acne increase your risk of depression?
  • How does effective acne treatment affect quality of life?
  • Does isotretinoin induce depression or make it worse?

• Psychodermatology – newest ideas associated with acne and involving those people surrounding the patient (family, friends, teachers...)
Does having acne increase your risk of depression?
Earlier studies

• Looked at pulled data from a few dermatologic conditions
• Found that acne patients, in this article, came only after inpatient psoriasis patients with respect to depression scores and with respect to suicidal ideation

• Psychological morbidity associated with acne

Does having acne increase your risk of depression?

Difficult to find any evidence based data.
What do we know...

• Acne negatively impacts self-esteem in adolescents
• Social phobia significantly higher in acne patients
• Again, the severity of acne doesn’t always correlate with the severity of the emotional impact.
• Modify and adjust our therapy to meet the patient’s needs with respect to quality of life.

How does effective acne treatment affect quality of life?
Quality of Life Measures for Acne

• Many QoL measures for acne
• Not all that are used have the same validity
• But we know that patients with acne are affected
• Interestingly, no correlation exists between acne severity and psychological burden
• However, patients do feel the following
Acne has been related to:

• Decreased self-esteem
• Poor body image
• General emotional or psychological distress
• Decreased willingness to engage socially
Acne does affect the quality of life (QOL)

• Acne patients experience functioning and emotional effects similar to patients with:
  • Psoriasis
  • Vitiligo
  • Atopic dermatitis
  • Urticaria

• The only skin diseases that had a greater impact where:
  • Hyperhidrosis
  • Hirsuitism
  • Ectoparasitic infection
  • Bullous diseases

• Reviewed in the reference below

If we treat acne do patients feel better?

• Yes! It helps.
  • Find references for almost every acne medication where the quality of life has improved
  • Antibiotics
  • Topical medications
  • Complementary medications
  • Cosmetic treatments
  • Isotretinoin
Does isotretinoin induce depression or make it worse?
Controversies – why?

• Isotretinoin crosses the blood-brain barrier
• Increased depression-related behavior in both mice and rats, but not adult rats
• Various articles in the literature
• Difficult to study
Why is it difficult to study this?

• Need for prospective studies

• In 2000 the FDA recommended prospective studies to address the question of isotretinoin and depression

• By 2002, the FDA concluded it would be very difficult due to the dry skin effects of isotretinoin and the probable subsequent loss of blinding

• (Topical isotretinoin was even considered to offset this side effect as it is minimally absorbed and may be able to minimize the unblinding.)
Recent review – asking same question

• Reviewed recent literature from 2005 until December 2016
• Reviewed:
  • Case reports/Case series
  • Database studies
  • Retrospective studies
  • Prospective studies

• The authors go through the concerns with the studies.
• Their review is that no conclusions can be drawn but that is appropriate to regularly screen all patients on isotretinoin for depression and suicidal ideation.
• They also conclude that there may be some at risk with a personal or family history of a mental disorder where you may need to refer to a mental health professional.

So, what do we do?

Use what we have to date.
Isotretinoin and Risk of Depression
Meta-analysis

• What is meta-analysis
• Take all the studies on the subject
• Medline and Pubmed searches from inception until Sept. 30, 2016
• Look for Randomized Controlled Trials (RCTs)
Meta-analysis

• Without any RCTs they instead looked at:
  • Large scale population studies
  • Non-RCTs
  • Prospective open-label studies with ≥15 patients

• Excluded items included literature from
  • from adverse reporting systems
  • review articles
  • case reports
  • correspondence
  • conference reports
Where they started – meta-analysis

• Started with 762 records
• Went down to 31 studies that were included
Meta-analysis found

• NO association between isotretinoin and depression
• Symptoms of depression improved after isotretinoin treatment, but this effect was not different from other therapy
Limitations of Meta-analysis

• No RCTs
• High inter-study variability
What did I learn from this?

• Look carefully at the article
• Practice responsibly
• Screen for depression, aggression or suicide
• Would still treat if the patient warranted use of isotretinoin but work with a mental health professional
• Consider interacting with psychiatry and psychology more
More controversy

• Survey of Australian Dermatologists’ on their perceptions and experiences with isotretinoin-induced depression – questionnaire based letter to the editor

• Shows that there was a conflict between subjective clinical opinion and the literature

• (Authors suggested – dermatologists learn the DSM criteria for depression and consider implementing a verified screening tool to monitor the mental health of patients on oral isotretinoin.)

• Reinforced the need to practice responsibly with patients
What’s new with respect to Psychodermatology?

• Validating the effect of the condition on the entire family

• We have all seen this,...the parent concerned about the child, and taking it one step further, how this condition affects the social unit of the patient

• This is where we are headed...
Thank you!